

MDR: M4-04-4539-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on December 18, 2003.

I. DISPUTE

Whether there should be additional reimbursement for CPT code 99456-WP rendered on 9/29/03.

II. RATIONALE

Review of the requestor's request for reconsideration letter dated October 27, 2003 partially states; "We originally billed **\$650** per pages 255-259 (attached) of the New Texas Medical Fee Guidelines for a **Designated Doctor Impairment Rating Evaluation (base \$350) plus one body area (\$300-Upper Extremity ROM). You paid \$150. We do not agree that our bill should have been reduced, as we billed correctly per the MFG. Please re-consider and provide payment of \$500...In addition, the 'V' code is only used if a Treating Physician performs the evaluation. In this case, a Designated Doctor performed the evaluation; therefore, we billed correctly...**"

The respondent did not submit a position statement.

The requestor billed the carrier for date of service 9/29/03, CPT code 99456-WP in the amount of \$650.00. The carrier paid the requestor the amount of \$150.00 and denied the remaining balance of \$500.00 as "F-Fee Guidelines MAR Reduction."

According to TWCC Rule 134.202 (e)(6)(C)(iii) an examining doctor, other than the treating doctor, shall bill using the "Work related or medical disability examination by other than the treating physician..." Reimbursement shall be \$350.00 for the MMI evaluation. Review of the MMI report revealed that injured worker was assigned a 5% impairment rating. The requestor is therefore entitled to reimbursement in the amount of \$350.00 for the MMI evaluation. According to TWCC Rule 134.202 (e)(6)(D)(iii)(I)(b) & (e)(6)(D)(iii)(II)(b)(1), a full physical evaluation with range of motion was performed and therefore reimbursement is recommended for the first musculoskeletal body area in the amount of \$300.00. Therefore, the requestor is entitled to an additional reimbursement in the amount of \$500.00.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 99456-NW in the amount of **\$500.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$500.00** plus all accrued interest due at the time of payment to the Requestor within 20-days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 12th day of March 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

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